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(Express Mail) mailing label
Number ER 951276826 US

10/519913
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HodgsonRuss
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Date of Deposit December 30, 2004

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Martin G. Linihan

Name

Signature

Date

December 30, 2004

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Commissioner for Patents
Box 1450
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Dear Sir:

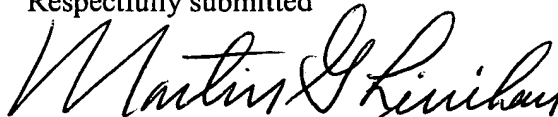
Re: Entry into the United States National Phase
International Patent Application No. PCT/JP2003/005915

Enclosed for filing for entering the national stage under 35 USC 371 is a check for \$500 for payment of the basic national stage fee, (national stage search fee, national stage examination fee) together with an English translation of the International Application. Applicant claims small entity status. Also enclosed are a Preliminary Amendment and copies of the PCT Request, International Search Report and International Preliminary Examination Report.

The executed Declaration and Power of Attorney also is enclosed.

If there is any deficiency in the basic national fee or processing fees at this time or during the pendency of this application, please charge such deficiency, or credit any overpayment, to Deposit Account No. 08-2442 of applicant's attorneys. A duplicate of this letter is enclosed for that purpose.

Respectfully submitted

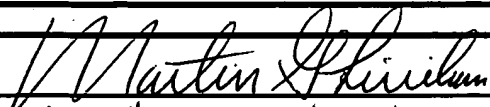


Martin G. Linihan
Reg. No. 24,926

MGL/ka
encs.

30033/0010 BFLODOCS 939088v1

Effective on 12/08/2004 Fees pursuant to Consolidated Appropriations Act. 2005 (H.R. 4818)		Complete if Known																																																		
FEE TRANSMITTAL For FY 2005		Application Number 10/519913	Filing Date December 30, 2004																																																	
		First Named Inventor Katsumi Shinjo	Examiner Name																																																	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	Attorney Docket No. 30033.0025																																																	
TOTAL AMOUNT OF PAYMENT (\$) 40																																																				
METHOD OF PAYMENT (check all that apply)																																																				
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																				
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>08-2442</u> Deposit Account Name: <u>Hodgson Russ LLP</u>																																																				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																																																				
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee																																																				
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments																																																				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																																																				
FEE CALCULATION																																																				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																				
FILING FEES		SEARCH FEES																																																		
Small Entity		Small Entity																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fees Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>_____</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td>_____</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td>_____</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td>_____</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>_____</td> </tr> </tbody> </table>	Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	Utility	300	150	500	250	200	100	_____	Design	200	100	100	50	130	65	_____	Plant	200	100	300	150	160	80	_____	Reissue	300	150	500	250	600	300	_____	Provisional	200	100	0	0	0	0	_____				
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)																																													
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Reissue	300	150	500	250	600	300	_____																																													
Provisional	200	100	0	0	0	0	_____																																													
2. EXCESS CLAIM FEES																																																				
Fee Description		Small Entity Fee (\$)		Small Entity Fee (\$)																																																
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50		25																																																
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200		100																																																
Multiple dependent claims		360		180																																																
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HP = highest number of independent claims paid for, if greater than 3																																																				
3. APPLICATION SIZE FEE																																																				
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																				
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)																																																				
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____																																																				
4. OTHER FEE(S)																																																				
Non-English Specification, \$130 fee (no small entity discount)				Fees Paid (\$)																																																
Other: <u>Assignment recording fee</u>				<u>\$40</u>																																																

SUBMITTED BY			
SIGNATURE 	Registration No. (Attorney/Agent) 24,926	Telephone 716-856-4000	
NAME (Print/Type) Martin G. Linihan	Date December 30, 2004		

I hereby Certify that this Correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on December 30, 2004

Martin G. Linihan

Name

Signature

December 30, 2004

Date of Signature